



Village of **Sleepy Hollow** *New York*

CONTACT INFORMATION & RESIDENCY

Provide name, address telephone number and e-mail of person principally responsible for this application:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email address: _____

PREFERENCES

(Select all that apply)

- ☐ Village of Sleepy Hollow Emergency Service Volunteer
- ☐ Village of Sleepy Hollow Employee
- ☐ Senior Citizen who currently resides in Sleepy Hollow
- ☐ Individual who works in Sleepy Hollow
- ☐ Senior Citizen parent(s) of Sleepy Hollow Resident

OCCUPANCY, EMPLOYMENT AND INCOME

1. List the name, relationship, and date of birth for all persons who will reside in the affordable housing unit.
2. Provide employment information for each person 18 years or older.
3. Provide the gross annual income for all persons 18 years or older who will reside in the unit, including students. NOTE: Student income for full time students will not be considered for purposes of determining income eligibility.
4. List annual salary/wages separately from other income such as alimony, child support, SSI, SSD, pension, investment income, dividends, etc.
5. Provide enrollment status for any students living in the affordable housing unit. (A student is considered full time if 12 or more credits are taken in a single semester).

APPLICANT

Name: _____ DOB: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Salary/Wages: \$ _____ Other Income: \$ _____
(Alimony, Child Support, Social Security,
Pension, etc. You must submit documentation of
Other Income).

Student: ☐ Yes ☐ No

Enrollment Status: ☐ Full-Time ☐ Less than full-time

Retired: ☐ Yes ☐ No

OTHER OCCUPANTS OF THE UNIT

(Print extras as needed)

Name: _____ DOB: _____ Relationship: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Salary/Wages: \$ _____

Other Income: \$ _____

(Alimony, Child Support, Social Security,
Pension, etc. You must submit documentation of
Other Income).

Student: ☐ Yes

☐ No

Enrollment Status: ☐ Full-Time

☐ Less than full-time

Retired: ☐ Yes

☐ No

OTHER OCCUPANTS OF THE UNIT

(Print extras as needed)

Name: _____ DOB: _____ Relationship: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Salary/Wages: \$ _____

Other Income: \$ _____

(Alimony, Child Support, Social Security,
Pension, etc. You must submit documentation of
Other Income).

Student: ☐ Yes

☐ No

Enrollment Status: ☐ Full-Time

☐ Less than full-time

Retired: ☐ Yes

☐ No



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SENIOR CITIZEN PARENT(S) **OF SLEEPY HOLLOW RESIDENT** **VERIFICATION FORM**

(Fill out if needed)

_____, being duly sworn, affirms the following is true:
(First Name) (Last Name)

Child's Name: _____
(First Name) (Last Name)

Child's Address: _____
(Must be Sleepy Hollow Address)

Applicant's Name: _____

Applicant's Telephone Number: _____

Signature: _____

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) ss.:

On the ____ day of _____ in the year _____ before me, the undersigned, a notary public in and for said state, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

SUPPORTING DOCUMENTATION

The following documentation to be submitted for each person 18 years and older who will reside in the dwelling unit:

1. Federal and State Income Tax Returns
2. Copy of forms reporting unearned income (child support, alimony, SSI, SSD, investment income, dividends, etc.)
3. Copy of most recent bank statement
4. Copies of last four (4) pay check stubs
5. Copy of Pension Award statement, if applicable
6. Copy of Social Security Statement, if applicable
7. Employment Verification Form (see attachment)
8. Enrollment verification from an accredited college or university for all full time students (a student is full time when 12 or more credits are taken in a single semester)
9. Birth certificate for seniors

CERTIFICATION

I/We certify that this information is complete and accurate. I/We agree to provide, upon request, documentation on all income sources to the affordable housing unit program.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

All statements are subject to verification. Misrepresentations or false statements may constitute cause for disqualification or eviction from the affordable housing unit program. Pursuant to NY Penal Law Section 210.45, it is a crime punishable as a class "a" misdemeanor to knowingly make a false statement herein.

SUBMISSION

Applications may be submitted by any of the following means:

Questions? Call: (914) 366-5106 or (914) 366-5113

Mail: Village of Sleepy Hollow
Village Hall – Clerk's Office
28 Beekman Avenue
Sleepy Hollow, NY 10591